

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-12989

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 395

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 535 W. Portland				Length of stay in lb 32 years		d. STREET ADDRESS (If outside, give location) 535 W. Portland	
3. NAME OF DECEASED (Type or print) Gertrude Rauch				4. DATE OF DEATH Month April Day 15 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 27, 1908	
9. AGE (In years last birthday) 51		10. UNDER 1 YEAR Months 0 Days 18		11. UNDER 24 HRS. Hours 18 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (City and state or country) Aurora, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME J. R. Gibson				13b. MOTHER'S MAIDEN NAME Alice Scott		14. NAME OF HUSBAND OR WIFE Harold E. Rauch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) None				16. SOCIAL SECURITY NO.		17. INFORMANT Harold E. Rauch	
				Address Springfield, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUN SHOT WOUND IN HEAD							INTERVAL BETWEEN ONSET AND DEATH 1
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SHE SHOT HERSELF IN HEAD WITH .22 CAL. TARGET PISTOL. SHE LEFT NOTES INDICATING DISPENDENCY AND ILL HEALTH. SHE ALSO DRANK LYSOL. HER MOUTH AND FACE WAS BURNED WITH IT.					
20c. TIME OF INJURY Hour 12:00 Month APR Day 15 Year 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home					
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Springfield Greene Missouri					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at April 12:00 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ralph H. Truena				22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED April 1959	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE April 18, 1959		23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home				25. DATE RECD. BY LOCAL REG. 4-16-59		26. REGISTRAR'S SIGNATURE Effie S. Mellon	
ADDRESS Springfield, Missouri				Licensed Embalmer's Statement on Reverse Side			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DO NOT WRITE IN THESE SPACES

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.